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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
MORTON, FARAH)
Serial No. 10/716,247)
For: PORTABLE INFANT BED)
Filed: November 17, 2003)

Art Unit: 3679

Examiner: Hewitt, James M.

Certificate of Mailing

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Signed: *Deniece Turner*

Deniece Turner

AMENDMENT

Commissioner for Patents
Alexandria, VA 22313

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Dear Sir:

In response to the patent office action dated February 23, 2005, kindly amend the within application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
10 page 2 of this paper.

Remarks begin on page 22 of this paper.

Serial No. 10/716,247

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13/21/2005 SSESHE1 00000061 10716247

11 FC:2201 700.00 OP
12 FC:2202 1075.00 OP

04/25/2005 EDANTZLE 00000005 502429 10716247

01 FC:2201 100.00 DA

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

9241.03

Claims as Filed - Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	(A) 15	(B) 17	12	x \$ 9 =	108.00	or	x \$ ____ =
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 10	7	x \$ 43 =	301.00		x \$ ____ =
Basic Fee (37 CFR 1.16(h))				\$ 385.00			\$ ____
Total Filing Fee				\$ 794.00		OR \$ ____	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	x \$ ____ =		OR	x \$ ____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	x \$ ____ =			x \$ ____ =
Total Additional Fee				\$		\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 502429.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 794.00 to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

November 17, 2003

Date

32277

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record
Mark D. Miller

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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